

Exhibit A

**I&RS REQUEST FOR ASSISTANCE FORM**

Student Name: \_\_\_\_\_ Date of Request: \_\_\_/\_\_\_/\_\_\_

Staff Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Counselor \_\_\_\_\_ ID #: \_\_\_\_\_

**I: PROBLEM IDENTIFICATION**

1. Describe what behavior you would like the student to do not currently taking place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Describe what behaviors you would like the student **not** to do that is currently taking place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**II: STUDENT'S ABILITIES**

3. STRENGTHS:

\_\_\_\_\_  
\_\_\_\_\_

4. WEAKNESSES:

\_\_\_\_\_  
\_\_\_\_\_

**III: STUDENT ASSISTANCE PLAN**

5. List approaches & differentiated interventions you used to assist student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. List dates of any previous parent contacts and comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV: PARENTAL NOTIFICATION OF I&RS REFERRAL**

When notified? \_\_\_/\_\_\_/\_\_\_

Parental Concerns: \_\_\_ Yes \_\_\_ No

By Whom?: \_\_\_\_\_

How notified?: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Requesting Person*

\_\_\_\_\_  
*Job Title or Position*

\_\_\_/\_\_\_/\_\_\_  
*Date*